

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>												
<b>1. Name and Address of Committee</b>  LA ACADEMY OF PHYSICIAN ASSISTANTS PAC PO BOX 44352 BATON ROUGE, LA 70804  Check If: New Committee _____	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/20/2016</div>	<b>Report Number:</b> 56121  <b>Date Filed:</b> 1/20/2016												
	<b>3. Estimated Membership</b>  <div style="text-align: center;">100</div>													
	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No         </div>													
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>JUSTIN ANZALONE</td> <td>Chairperson</td> <td>PO BOX 44352</td> </tr> <tr> <td></td> <td></td> <td>BATON ROUGE, LA 70804</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Additional officers listed on attached sheet</p>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	JUSTIN ANZALONE	Chairperson	PO BOX 44352			BATON ROUGE, LA 70804		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
JUSTIN ANZALONE	Chairperson	PO BOX 44352												
		BATON ROUGE, LA 70804												
	Treasurer													
<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>												
<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center; margin-top: 20px;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>													
<b>9. a. Name of Person Preparing Report</b> AMANDA GUIDRY MALOY  <b>b. Daytime Telephone</b> 225-767-7163														
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  This <u>20th</u> day of <u>January</u> , <u>2016</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>JUSTIN ANZALONE</u>            Signature of Committee/Chairperson         </td> <td style="width: 50%; vertical-align: top;"> <u>337-257-2615</u>            Daytime Telephone         </td> </tr> <tr> <td style="vertical-align: top; margin-top: 20px;">           _____            Signature of Committee Treasurer, if any         </td> <td style="vertical-align: top; margin-top: 20px;">           _____            Daytime Telephone         </td> </tr> </table>			<u>JUSTIN ANZALONE</u> Signature of Committee/Chairperson	<u>337-257-2615</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
<u>JUSTIN ANZALONE</u> Signature of Committee/Chairperson	<u>337-257-2615</u> Daytime Telephone													
_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone													

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors )

a. <u>Name</u>	b. <u>Position</u>	c. <u>Address</u>
SHELLY ESNARD	Officer	PO BOX 44352 BATON ROUGE, LA 70804

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. <u>Name</u>	b. <u>Address</u>
WHITNEY BANK	PO BOX 4019 GULFPORT, MS 39502